

# TITLE COMPANIES

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 REQUIRED FILINGS IN THE STATE OF: WEST VIRGINIA Filings Made During the Year 2004

(1) Check- List	(2) Line #	(3) REQUIRED FILING FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE **	(7) NOTES ***
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 ½" x 14")	2	1	xxx	3/1	NAIC	M, R
	1.1	Printed Investment Schedule detail (Pages E01 – E25)	2	1	xxx	3/1	NAIC	R
	2	Quarterly Financial Statement (8 ½" x 14")	2	1	xxx	5/15, 8/15, 11/15	NAIC	M, R, U
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Investment Risk Interrogatories	2	1	xxx	4/1	NAIC	R
	12	Management Discussion & Analysis	2	1	xxx	4/1	Company	R
	13	Schedule SIS	2	N/A	xxx	3/1	NAIC	R
	14	Statement of Actuarial Opinion	2	1	xxx	3/1	Company	R
	15	Supplemental Compensation Exhibit	2	N/A	xxx	3/1	NAIC	R
	16	Supplemental Schedule of Business Written By Agency	2	1	xxx	4/1	NAIC	R
	17	SVO Compliance Certification	2	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	R
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	Q
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	Q
	34	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	Q
	35	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	Q
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	Q
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	Q
	33	June .PDF Filing	xxx	1	xxx	6/1	NAIC	Q
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	51	Accountants Letter of Qualifications	1	N/A	1	6/1	Company	
	52	Audited Financial Statements	1	1	xxx	6/1	Company	
	53	Audited Financial Statements Exemption Affidavit	1	N/A	1	6/1	Company	
	54	Independent CPA	1	N/A	1	30 days after engagement.	Company	
	55	Notification of Adverse Financial Condition	1	N/A	1	Immediately	Company	
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	1	7/31	Company	
	57	Request for Exemption to File	1	N/A	1	Timely Manner	Company	

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

\*\*\* Notes and Instructions A – K apply to all filings.

# TITLE COMPANIES

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: \_\_\_\_\_ Filings Made During the Year 2004

(1) Check- List	(2) Line #	(3) REQUIRED FILING FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE **	(7) NOTES ***
			Domestic		Foreign			
			State	NAIC	State			
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Filings Checklist (with Column 1 completed)	0	1	0	3/1	State	
	102	State Filing Fees	\$100	xxx	\$100	3/1	State	C, O, S
	103	Affidavit of Filing	0	xxx	1	3/1	State	N
	104	Certificate of Compliance	0	0	1	6/1	Company	Y
	105	Certificate of Deposit	0	0	1	6/1	Company	Y
	106	Certificate of Authority Renewal Fee	\$200	N/A	\$200	3/1	xxx	C, O, T
	107	Premium Taxes	1	N/A	1	3/1, 4/25, 7/25, 10/25	State	D, M, O, P, V, X
	108	Schedule T	1	N/A	1	3/1	NAIC	W

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

\*\*\* Notes and Instructions A – K apply to all filings.

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	A	Required Filings Contact Person:	(304) 558-2100 Financial Conditions Division
	B	<p>Mailing Address: Annual Statements:    Mailing:                                     P. O. Box 50540                                     Charleston, WV 25305-0540</p> <p>Location: 1124 Smith Street, Room 404 Charleston, WV 25301</p> <p>Premium Tax Statements:                                     Mailing:                                     P. O. Box 50542                                     Charleston, WV 25305-0542</p> <p>Location: 1124 Smith Street, Room 400 Charleston, WV 25301</p>	<p>Domestic insurers file hard copies of their annual statements. Address for submission is determined by means of conveyance.</p> <p>United States Postal Service – send to mailing address.</p> <p>Delivery services – send to location address.</p> <p>Foreign and alien licensed insurers need only to file an Affidavit of Filing with the annual Premium Tax Statement. (See Note L)</p>
	C	<p>Mailing Address for Filing Fees:</p> <p>West Virginia Insurance Commissioner STO/RPD P. O. Box 1913 Charleston, WV 25327</p>	<p>Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer’s Office.</p> <p>Insurers must make remittance using only the Tax Payment Form provided by this Office. Tax Payments Forms are provided to licensed companies as part of the annual Tax Statement packet.</p>
	D	<p>Mailing Address for Premium Tax Payments:</p> <p>West Virginia Insurance Commissioner STO/RPD P. O. Box 1913 Charleston, WV 25327</p>	<p>Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer’s Office.</p> <p>Insurers must make remittance using only the Tax Payment Form provided by this Office. Tax Payments Forms are provided to licensed companies as part of the annual Tax Statement packet.</p>
	E	Delivery Instructions:	<p>All filings must be postmarked no later than the indicated due date.</p> <p>If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.</p>
	F	Late Filings:	Late filings are subject to penalty and interest imposed by West Virginia Code §§ 33-43-7; 33-43-11.
	G	Original Signatures:	Required signatures must be original signatures on all filings.
	H	Signature/Notarization/Certification:	All forms must be signed and attested to where indicated.

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	I	Amended Filings:	Amended items must be filed with a complete explanation of each amendment. If there are signature requirements for the original filing, the same requirements apply to any amendment.
	J	Exceptions from normal filings:	A request for extension must be filed not less than 10 days prior to due date in sufficient detail.
	K	Bar Codes (State or NAIC)	NAIC
	L	Affidavit of Filing and Financial Statement Attestation	Affidavit of Filing is provided to licensed companies as part of the annual Tax Statement packet and at this web site: <a href="http://www.wvinsurance.gov/WVICOOnline/company/premium_tax_statement.pdf">www.wvinsurance.gov/WVICOOnline/company/premium_tax_statement.pdf</a>
	M	NONE Filings:	See NAIC Annual Statement Instructions  Exceptions to these instructions are noted on the form.  Tax statements and payment forms are required to be filed and completed regardless of tax liability. Zero liability companies must make filings marked -0- or NONE. Entities not subject to tax are not required to submit forms.
	N	Filings new, discontinued or modified materially since last year:	West Virginia waives filing of hard copy of financial statements by foreign and alien licensed insurers. File Affidavit of Filing with Premium Tax Statement (Form IC-PT).  New Premium Tax Statement (Form IC-PT) and Tax Payment Forms for life, property & casualty, title insurers and risk retention groups.
	O	Checks	Make checks payable to the West Virginia Insurance Commissioner. Do not remit one check for several companies in a group. Individual checks must accompany each Tax Payment Form.  Insurers must make remittance using only the Tax Payment Form provided by this Office. Tax Payments Forms are provided to licensed companies as part of the annual Tax Statement packet.

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	P	Computer Generated Forms:	<p>Computer generated Premium Tax Statements (Form IC-PT) are acceptable if they are exact duplicates of the forms provided by this Office.</p> <p>Insurers must make remittance using only the Tax Payment Form provided by this Office. Duplicates or computer generated Tax Payments Forms are unacceptable.</p>
	Q	Diskette Filings	Companies may electronically file with the NAIC on diskette or via the internet.
	R	Additional Copies	File one original and additional copies as indicated.
	S	State Filing Fees	Annual Statement filing fee is remitted with Tax Payment Form. See Notes C and N.
	T	COA Renewal Fee	COA renewal fee is remitted with Tax Payment Form. See Notes C and N.
	U	Quarterly Financial Statements	Foreign and alien licensed insurers are waived from filing hard copy quarterly financial statements unless requested.
	V	Premium taxes	If premium tax packet was not received contact the Tax Audit Section of the Financial Conditions Division. (304) 558-2100 ext. 153 or 164.
	W	Schedule T	File one copy with the Premium Tax Statement. (Form IC-PT)
	X	Premium Tax Penalties	<p>Failure to pay tax liability in full subjects taxpayer to penalty equal to one percent of unpaid balance per day outstanding balance remains unpaid and interest</p> <p>A \$25.00 per day penalty and interest is imposed for failure to timely file Premium Tax Statement.</p>
	Y	Certificate of Compliance – Certificate of Deposit	Foreign and alien licensed insurers must file these Certificates with Premium Tax Statement. (Form IC-PT)

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels, and other information, to all companies but will not be sending their own checklist this year.

**Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The **March Electronic Filing** includes all annual statement data, detail for investment schedules, Officers and Directors Information and all supplements due March 1.

The **March .PDF Filing** is the .pdf file for annual statement, detail for investment schedules and all supplements due March 1.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.